

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

*Non-Medical Transportation Provider Certification*

Name of Agency:

Date:

Yes No

☐☐

CMHC that is certified by the Division of Mental Health and Addiction (DMHA).

Yes No

☐☐

Approved accreditation by a nationally recognized accrediting body. Please circle all that apply: AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA

The agency's individual or an individual provider must meet the following requirements:

Name of Individual:

Date:

Yes No

☐☐

Individual driver or agency's driver must possess a valid driver's license  
Please attach copy of license

☐☐

Individual driver or agency's driver must have auto insurance  
Please attach copy of insurance card

☐☐

Individual driver or agency's driver must have a safe driving record and maintained vehicle

☐☐

Providers who are not immediate family members or guardian must have a state and local criminal background check  
Attach copy of screen

☐☐

Drug screen  
Attach copy of screen

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. Agencies are expected to maintain documentation of employee's qualifications on site and have copies available when DMHA staff complete audits.

DMHA is responsible for verifying an individual or agency meets the above qualifications with annual checks.